



AF/1600  
Atty. Dkt. No. 057491-0413

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Desmond MASCARENHAS  
Title: NULL IGF FOR THE TREATMENT  
OF CANCER  
Appl. No.: 09/399,120  
Filing Date: 09/20/1999  
Examiner: A. GUPTA  
Art Unit: 1654

RECEIVED  
APR 09 2003  
TECH CENTER 1600/2800

AMENDMENT TRANSMITTAL

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Notice of Appeal is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	40	38	2	x \$18.00	\$36.00
Independents:	2	3	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$36.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$410.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:			\$410.00
CLAIMS AND EXTENSION FEE TOTAL:			\$446.00
<input checked="" type="checkbox"/>	Notice of Appeal Fee		\$320.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$766.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$766.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$766.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 7, 2003

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